



### APPENDIX 8.

OCCUPATIONAL/PHYSICAL THERAPY TECHNICIAN



APPLICATION OF A SYSTEM APPROACH U.S. NAVY MEDICAL DEPARTMENT EDUCATION AND TRAINING PROGRAMS FINAL REPORT

Prepared under Contract to OFFICE OF NAVAL RESEARCH U.S. DEPARTMENT OF THE NAVY

Quida C. Upchurch, Capt., NC, USN
Program Manager
Education and Training R&D
Bureau of Medicine and Surgery (Code 71G)

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|    | REPORT DOCUMENTATION PAGE   | READ INSTRUCTIONS<br>BEFORE COMPLETING FORM   |
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| ı  | Final Report (Vols. I & II)   |   |
| 1  | Apendi HP-A085 6  |   |
| -1 | 4. THTLE (and Subtitle)   | 5. TYPE OF REPORT & PERIOD COVERED  |
| 9  | A System Approach to Navy Medical Education and Training  | EINAL REPORT  |
|    | Education and Training, Property  | THE REPORTING ONG. REPORT NUMBER  |
| ı  | Occupational/Physical   |   |
| ı  | thorapy techniciano   | 8. CONTRACT OR GRANT NUMBER(*)  |
|    | (15)  | N90014-69-C-0246  |
| ı  | 9. PERFORMING ORGANIZATION NAME AND ADDRESS Office of Naval Research  | 10. PROGRAM ELEMENT, PROJECT, TASK<br>AREA & WORK UNIT NUMBERS  |
| ١  | Department of the Navy  | Cielent   |
| 1  | Arlington, Virginia 22217   | 43-03X.02   |
| ı  | 11. CONTROLLING OFFICE NAME AND ADDRESS   | 12. REPORT DATE   |
|    | Office of Naval Research Department of the Navy   | 31-8-79   |
| 1  | Arlington, Virginia 22217   | 13. NUMBER OF PAGES   |
| Ì  | 14. MONITORING AGENCY NAME & ADDRESS(II different from Controlling Office)  | B. SECURITY CLASS. (of this report)   |
| Ì  | Office of Naval Research  | LINCI ACCIETED  |
| ı  | Department of the Navy Arlington, Virginia 22217  | UNCLASSIFIED 15a. DECLASSIFICATION/DOWNGRADING  |
|    | , , , , , , , , , , , , , , , , , , ,   | SCHEDULE  |
| I  | 16. DISTRIBUTION STATEMENT (of this Report)   |   |
|    | Approved for public release; distribution unlimit   | ed.   |
| ŀ  | 17. DISTRIBUTION STATEMENT (of the abstract entered in Block 20, if different fro.  | m Report)   |
| ١  |   |   |
| Ì  | Approved for public release; distribution unlimit   | <b>ed.</b>  |
| Ì  | 18. SUPPLEMENTARY NOTES   |   |
| İ  | None  |   |
| ł  | 9. KEY WORDS (Continue on reverse side if necessary and identify by block number)   |   |
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| 1  | Medical Training Job Ana Nurse Training Task An   |   |
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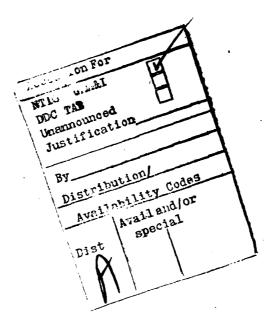
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currently designated Navy enlisted occupations, 20 Naval Enlisted Classification Codes (NEC's) were computerized. A set of 16 groupings that cover all designated occupations was developed so as to enhance the effectiveness of professionals and sub-professionals alike.



### **FOREWORD**

The project, "Application of a System Approach to the Navy Medical Department Education and Training Programs," was initiated in May of 1969 as a realistic, comprehensive response to certain objectives set forth in ADO 43-03X, and to memoranda from both the Secretary of Defense and the Assistant Secretary of Defense, Manpower and Reserve Affairs. The Secretary's concern was stated in his memorandum of 29 June 1965, "Innovation in Defense Training and Education." More specific concerns were stated in the Assistant Secretary's memorandum of 14 June 1968, "Application of a System Approach in the Development and Management of Training Courses." In this he called for "vigorous and imaginative effort," and an approach "characterized by an organized training program with precise goals and defined operational interrelation among instructional system components." He also noted, "Job analyses with task descriptions expressed in behavioristic terms are basic and essential to the development of precise training goals and learning objectives."

### The Project

System survey and analysis was conducted relative to all factors affecting education and training programs. Subsequently, a job-analysis sub-system was defined and developed incorporating a series of task inventories "...expressed in behavioristic terms..." These inventories enabled the gathering of job activity data from enlisted job incumbents, and data relating to task sharing and delegation from officers of the Medical, Nurse and Dental Corps. A data management sub-system was devised to process incumbent data, then carry out needed analyses. The development of initial competency curricula based upon job analysis was implemented to a level of methodology determination. These methods and curriculum materials constituted a third (instructional) sub-system.

Thus, as originally proposed, a system capability has been developed in fulfillment of expressed need. The system, however, remains untested and unevaluated. ADO 43-03X called for feasibility tests and cost-effectiveness determination. The project was designed to so comply. Test and evaluation through the process of implementation has not proved feasible in the Navy Medical Department within the duration of the project. As designed and developed the system does have "...precise goals and defined operational interrelation among instructional system components." The latter has been achieved in terms of a recommended career structure affording productive, rewarding manpower utilization which bridges manpower training and health care delivery functions.

### Data Management Sub-System

Job analysis, involving the application of comprehensive task inventories to thousands of job incumbents, generates . many millions of discrete bits of response data. They can be processed and manipulated only by high speed computer capability using rigorously designed specialty programs. In addition to numerical data base handling, there is the problem of rapidly and accurately manipulating a task statement data base exceeding ten thousand carefully phrased behavioral statements. Through the use of special programs, task inventories are prepared, printouts for special purposes are created following a job analysis application, access and retrieval of both data and tasks are efficiently and accurately carried out, and special data analyses conducted. The collective programs, techniques and procedures comprising this sub-system are referred to as the Navy Occupational Data Analysis Language (NODAL).

### Job Analysis Sub-System

Some twenty task inventory booklets (and associated response booklets) were the instruments used to obtain job incumbent response data for more than fifty occupations. An inventory booklet contains instructions, formatted questions concerning respondent information ("bio-data"), response dimension definitions, and a list of tasks which may vary in number from a few hundred to more than a thousand per occupational field.

By applying NODAL and its associated indexing techniques, it is possible to assemble modified or completely different inventories than those used in this research. Present inventories were applied about three years ago. While they have been rendered in operational format, they should not be re-applied until their task content is updated.

Response booklets were designed in OPSCAN mode for ease of recording and processing responses.

Overall job analysis objectives and a plan of administration were established prior to inventory preparation, including the setting of provisional sample target sizes. Since overall data attrition was forecast to approximate twenty percent, final sample and sub-sample sizes were adjusted accordingly. Stratified random sampling techniques were used. Variables selected (such as rating, NEC, environment) determined stratifications, together with sub-population sizes. About fifteen percent of large sub-populations were sought while a majority or all members of small sub-populations were sought.

Administration procedures were established with great care for every step of the data collecting process, and were coordinated with sampling and data analysis plans. Once set, the procedures were formalized as a protocol and followed rigorously.

### Instructional Sub-System

Partial "competency curricula" have been composed as an integral sub-system bridging what is required as performance on the job with what is, accordingly, necessary instruction in the training process. Further, curriculum materials were developed to meet essential requirements for implementing the system so that the system could be tested and evaluated for cost effectiveness. However, due to the fact that test and evaluation was not feasible in the Navy Medical Department within the duration of the project, it was not possible to complete the development of the system through the test and evaluation phase. The inability to complete this phase also interrupted the planned process for fully developing the curricula; therefore, instead of completed curricula ready for use in the system, the curricula were partially developed to establish the necessary sub-system methodology. The competency curricula are based on tasks currently performed by job incumbents in 1971. (The currency of a given curriculum depends upon periodic analysis of incumbents' jobs, and its quality control resides in the evaluation of the performance competency of the program's graduates.)

A competency curriculum provides a planned course of instruction or training program made up of sequenced competency units which are, in turn, comprised of sequenced modules. These modules, emphasizing performance objectives, are the foundation of the curriculum.

A complete module would be comprised of seven parts: a cluster of related tasks; a performance objective; a list of knowledges and skills implied by the objective; a list of instructional strategies for presenting the knowledges and skills to the learner; an inventory of training aids for supporting the instructional strategies; a list of examination modes; and a statement of the required training time. In this project, curriculum materials have been developed to various levels of adequacy, and usually comprise only the first three parts; the latter four need to be prepared by the user.

The performance objective, which is the most crucial part of the module, is the basis for determining curriculum content. It is composed of five essential elements: the stimulus which initiates the behavior; the behavior; the conditions under which the behavior takes place; the criteria for evaluating the behavior; and the consequence or results of the behavior. A sixth element, namely next action, is not essential; however, it is intended to provide linkage for the next behavior.

Knowledges and skills listed in the module are those needed by the learner for meeting the requirements of the performance objective.

Instructional strategies, training aids, examination modes and training time have been specified only for the Basic Hospital The strategies, aids and modes were selected on Corps Curriculum. the basis of those considered to be most supportive in presenting the knowledges and skills so as to provide optimum learning effectiveness and training efficiency. The strategies extend from the classroom lecture as traditionally presented by a teacher to the more sophisticated mediated program for self-The training aids, like strategies, extend from instruction. the traditional references and handout material in the form of a student syllabus to mediated programs for self-instruction supported by anatomical models. Examination modes extend from the traditional paper and pencil tests to proficiency evaluation of program graduates on the job, commonly known as feedback. Feedback is essential for determining learning effectiveness and for quality control of a training program. The kind of instructional strategies, training aids and examination modes utilized for training are limited only by such factors as staff capability and training budget.

The training time specified in the Basic Hospital Corps Curriculum is estimated, based upon essential knowledge and skills and program sequence.

The competency curriculum module, when complete, provides all of the requirements for training a learner to perform the tasks set forth in the module. A module may be used independently or related modules may be re-sequenced into modified competency units to provide training for a specific job segment.

Since the curricula are based upon tasks performed by job incumbents in 1971, current analysis of jobs needs to be accomplished using task inventories that have been updated to reflect changes in performed tasks. Subsequent to job analysis, a revision of the curricula should be accomplished to reflect task changes. When the foregoing are accomplished, then faculty and other staff members may be indoctrinated to the competency curricula and to their relationship to the education and training system.

In addition to the primary use for the systematic training of job incumbents, these curricula may be used to plan for new training programs, develop new curricula, and revise existing curricula; develop or modify performance standards; develop or modify proficiency examinations; define billets; credentialize training programs; counsel on careers; select students; and identify and select faculty.

### The System

Three sub-systems, as described, comprise the proposed system for Education and Training Programs in The Navy Medical Department. This exploratory and advanced developmental research has established an overall methodology for improved education and training incorporating every possible means of providing bases for demonstrating feasibility and cost effectiveness. There remains only job analysis sub-system updating, instructional sub-system completion, and full system test and evaluation.

### **Acknowledgements**

The authors wish to acknowledge the invaluable participation of the several thousands of Naval personnel who served as respondents in inventory application. The many military and civilian personnel who contributed to developmental efforts are cited by name in the Final Report.

The authors also wish to acknowledge former colleagues for singularly important contributions, namely, Elias H. Porter, Ph.D., Carole K. Kauffman, R.N., M.P.H., Mary Kay Munday, B.S.N., R.N., Gail Zarren, M.S.W., and Renee Schick, B.A.

Identity and acknowledgement of the project Advisory Group during the project's final year is recorded in the Final Report.

Lastly, the project could not have been commenced nor carried out without the vision, guidance and outstanding direction of Ouida C. Upchurch, Capt., NC, USN, Project Manager.

### NAVY MEDICAL DEPARTMENT

TASK INVENTORY BOOKLET

OCCUPATIONAL/PHYSICAL THERAPY

### CONSTRAINTS AND ETHICAL USE

This task inventory was developed three years ago in a first-version key punch format for education and training research purposes.

The present "operational" format, using a mark-sense response booklet (Opscan), is recommended for future applications. The task and equipment statements comprising the bulk of the inventory are precisely the same (less duplicate entries) as in the original research tools but rearranged for Opscan mode. Biographical data questions have also been reformatted for Opscan (NEC codes should be updated).

The processing, administering and formatting of this inventory have thus been readied for operational application.

It is strongly recommended that this inventory be updated in its task and equipment statement sections before actual operational use. These reasons pertain:

- Changes in medical or related procedures or techniques
- Some tasks may violate current policy or be obsolete
- Equipment changes may have occurred
- The objective of task comprehensiveness may change
- •Objectives may shift to embrace manpower utilization as well as education and training

In the latter regard, the present operational format includes a "time to perform" dimension (as well as frequency of performance and two additional optional blank response dimension fields). As a response dimension, "time to perform" has been validated within the context of inventories for professional personnel where the objectives embraced utilization (i.e., time associated with shared and delegable tasks). The original Enlisted inventory content was directed to education and training factors only. If "time to perform" is to be used operationally, each task and equipment statement should be examined by expert job incumbents to remove possible overlaps which could confound "time to perform" data. This review process would also serve other purposes cited above.

A general precaution is in order.

When task analysis inventories are poorly prepared, loosely administered, administered according to less than rigorous sampling, or are handled casually in processing or interpretation, they will inevitably produce poor or questionable data, at best. At worst, such practices will result in loss of money and time, and produce dangerous data. Inventories should be prepared, applied, processed and interpreted only by knowledgeable professional and technical personnel. As in the cases of ethically controlled behavior tests, inventories should not be casually copied or distributed, and should remain under the control of authorized, trained personnel. Factors effecting reliability and validity should be fully appreciated.

### GENERAL INSTRUCTIONS

There are two parts to be completed for this survey:

Part I Career Background Information (answers to be recorded in this TASK BOOKLET)

Part II A List of Tasks (answers to be recorded on the accompanying RESPONSE BOOKLET)

B List of Instruments and Equipment (answers to be recorded on the accompanying RESPONSE BOOKLET)

Each part is preceded by a set of instructions. Be sure to read them carefully before you start answering each part. All instructions are found on the tinted pages.

PLEASE USE ONLY NUMBER 2 LEAD PENCILS. ERASE ALL CHANGES CAREFULLY AND COMPLETELY. DO NOT PUT ANY MARKS OTHER THAN YOUR ANSWERS ON EACH RESPONSE PAGE.

DO NOT FOLD, WRINKLE, CREASE OR DETACH PAGES FROM EITHER TASK BOOKLET OR RESPONSE BOOKLET.

WHEN RECORDING YOUR ANSWERS YOU MAY WANT TO USE A RULER TO READ ACROSS ANSWER AND QUESTION COLUMNS.

WHEN YOU HAVE COMPLETED YOUR RESPONSES, PUT THE TASK INVENTORY BOOKLET AND THE RESPONSE BOOKLET IN THE ENCLOSED SELF-ADDRESSED ENVELOPE. SEAL AND RETURN TO THE OFFICER WHO GAVE YOU THIS PACKAGE. COMPLETED BOOKLETS SHOULD BE RETURNED WITHIN ONE WEEK OF RECEIPT.

|   | DO NOT FILL IN  |            |
|---|-----------------|------------|
| Part I  | (1)             | <b>)</b>   |
| CAREER BACKGROUND INFORMATION   | N (7)           |            |
| Check that the Form and Serial Number in this box match those on the cover of this Booklet _  | Form Serial No. | •          |
| Please fill out completely  |                 |            |
| Name of your Duty Station   | ·               |            |
| City & State (if applicable)  |                 |            |
| Your Name   |                 |            |
| Social Security Number  |                 | <b>i)</b>  |
| PLEASE ANSWER QUESTIONS BELOW BY ENTERING THE NUMBER IN THE BLANKS PROVIDED. TWO BLANKS REQ TWO-DIGIT ANSWER. DISREGARD NUMBERS IN PARENT | uire a Answers  |            |
| Ql. Select the number to indicate the Corps to which you belong:  | o Q1 (23        | 3)         |
| <ol> <li>Dental Technician</li> <li>Hospital Corps</li> </ol>   |                 |            |
| Q2. Indicate your military status:  | Q2(24           | <b>+</b> ) |
| 1. USN<br>2. USNR   |                 |            |
| Q3. Indicate your pay grade:  | Q3 (25          | ;)         |
| 1. E1 6. E6 2. E2 7. E7 3. E3 8. E8 4. E4 9. E9 5. E5   |                 |            |
| Q4. Indicate your total years of active duty the Navy to date: (estimate to the neares  1. Less than 2 years                              | in Q4 (26       | 5)         |
| 2. 2 to 4 years 3. 5 to 8 years 4. More than 8 years  |                 |            |

|     |   | ANSWERS<br>HERE    | ·            |
|-----|---|--------------------|--------------|
| Q5. | Select the number to indicate your present immediate supervisor:  | Q5                 | (27)         |
|     | <ol> <li>Physician</li> <li>Dentist</li> <li>Nurse</li> <li>MSC Officer</li> <li>HM or DT</li> <li>Other (Specify)</li> </ol> |                    |              |
| Q6. | Select the number to indicate the average number of hours you work per week: (estimate to the nearest hour)                   | Q6                 | (28)         |
|     | <ol> <li>35 to 40 hours</li> <li>41 to 50 hours</li> <li>More than 50 hours</li> </ol>  |                    |              |
| Q7. | Please give an estimate of the percent of time you spend on the following (write five percent as $05$ ):                      | Q7.                |              |
|     | <ol> <li>Inpatient care</li> <li>Outpatient care</li> </ol>   |                    | (29)<br>(31) |
|     | 3. Teaching   |                    | (33)         |
|     | 4. Administration   |                    | (35)         |
|     | 5. Other (specify)  | 3·— — <sup>%</sup> | (37)         |
| Q8. | Assuming that most or all of the following factors are of importance to you, select the                                       | Q8                 | (39)         |
|     | three which, if improved, would contribute  |                    | (41)         |
|     | most to your jab satisfaction:  |                    | (//2)        |
|     | Ol Salary and/or promotion opportunities Ol Retirement benefits   |                    | (43)         |
|     | 03 Housing  | 1                  | i            |
|     | 04 Educational advancement opportunities<br>05 Stability of tour of duty  |                    |              |
|     | 06 Physical facilities and equipment  | 1                  |              |
|     | 07 Administrative and clerical support  |                    | [            |
|     | 08 Work load  | 1                  | 1            |
|     | 09 Personal career planning   | 1                  | 1            |
|     | 10 Opportunity to attend professional meetings  |                    |              |

|      |   | enter<br>Answers<br>Here |              |
|------|---|--------------------------|--------------|
| Q9.  | Using the list on page <u>vii</u> specify your current NEC by writing the <u>last two digits</u> of the CODE.   | Q9                       | (45)         |
| Q10. | Select the number to indicate your years of experience corresponding to the NEC stated in Q9: (estimate to the nearest year)  | Q10                      | (47)         |
|      | 1. Less than 1 year 4. 6 to 10 years 2. 1 to 2 years 5. 11 to 15 years 3. 3 to 5 years 6. More than 15 years  |                          |              |
| Q11. | If you have other NEC(s) in addition to the one specified in Q9, check page <u>vii</u> and indicate the last two digits of the CODE(s). If you have none, enter "99" in answer space for <u>Q11</u> and <u>Q12</u> .  | Q11a<br>b                | (48)<br>(50) |
| Q12. | Select the number to indicate the years of experience you had in the NEC(s) stated in Q11 (estimate to the nearest year).   | Q12a<br>b                | (52)<br>(53) |
|      | 1. Less than 1 year 4. 6 to 10 years 2. 1 to 2 years 5. 11 to 15 years 3. 3 to 5 years 6. More than 15 years  |                          |              |
| Q13. | From the list below, write the <u>two-digit</u> CODE to indicate the specialty of the department in which you are <u>currently</u> functioning.   | Q13                      | (54)         |
|      | CODE  Ol Administration  Ol Education  Ol Education  Ol Coronary Care  Ol Dermatology  Ol Medicine - OPD  Ol Medicine - Wards  Ol Obstetrics/Gynecology  Ol Orthopedics  Ol Orthopedics  Ol Otolaryngology  Medical Laboratory  Pediatrics  Psychiatry  Public Health  Radiology  General Surgery-Wards |                          |              |

|      |  |                    |   |   |     | ENTER<br>ANSWER<br>HERE | ·    |
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| Q14. | of<br>wor                                    | duty stati         | on at wh<br>e been w                                  | indicate the type ich you currently orking for at |     | Q14                     | (56) |
|      | 2.<br>3.<br>4.<br>5.<br>6.<br>7.<br>8.<br>9. | Aboard sh          | ip/sub, ip/sub, squadron cound for cative Co Commands | mmands  | ard |                         |      |
| Q15. |  | licate the         |   | f people you                                      |     | Q15                     | (57) |
|      | 1.   | None<br>1-2<br>3-5 | 4.  | 6-10<br>11-20<br>over 20                          |     |                         |      |

### MEDICAL/DENTAL NEC (NAVAL ENLISTED CODE) AND TITLE

0000 General Service, Hospital or Dental Corpsman 3371 Health Physics & Process Control Technician Nuclear Power Plant Operator 3391 Nuclear Submarine Medicine Technician 8402 Submarine Medicine Technician 8403 Medical Field Service Technician 8404 Advanced Hospital Corps Technician (Class B) 8405 Aviation Medicine Technician 8406 Nuclear Medicine Technician 8407 8408 Cardiopulmonary Technician 8409 Aviation Physiology Technician Clinical Laboratory Assistant Technician 8412 8413 Tissue Culture Technician 8414 Clinical Chemistry Technician 8415 Medical Technology Technician 8416 Radioactive Isotope Technician 8417 Clinical Laboratory Technician 8432 Preventive Medicine Technician 8433 Tissue Culture and Tissue Bank Technician 8442 Medical Administrative Technician 8452 X-ray Technician 8453 Electrocardiograph/Basal Metabolism Technician 8454 Electroencephalograph Technician 8462 Optician (General) Technician 8463 Optician Technician 8466 Physical and Occupational Technician 8472 Medical Photography Technician 8482 Pharmacy Technician 8483 Operating Room Technician 8484 Eye, Ear, Nose, & Throat Technician 8485 Neuropsychiatry Technician 8486 Urological Technician 8487 Occupational Therapy Technician 8488 Orthopedic Appliance Mechanic 8489 Orthopedic Cast Room Technician 8492 Special Operations Technician 8493 Medical Deep Sea Diving Technician 8494 Physical Therapy Technician 8495 Dermatology Technician 8496 Embalming Technician 8497 Medical Illustration Technician 8498 Medical Equipment Repair Technician DT General, Advanced 8703 8707 DT Field Service DT Clinical Laboratory 8713 8714 DT Research Assistant 8722 DT Administrative 8732 DT Repair 8752 DT Prosthetic, Basic 8753 DT Prosthetic, Advanced

DT Maxillofacial Prosthetic

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### RESPONSE BOOKLET INSTRUCTIONS

- To complete Part II, you need this TASK BOOKLET and the accompanying RESPONSE BOOKLET. Record all your answers to Part II in the RESPONSE BOOKLET.
- All pages of the RESPONSE BOOKLET are machine readable. In order for responses to be properly read, please be sure to:
  - 1. Use a No. 2 pencil only
  - 2. Carefully and completely shade the number corresponding to your answer under each column.
- Complete Page 00 of the RESPONSE BOOKLET first. Follow instructions given on the page. Fill in Line 1, and Boxes 2, 3, 4, and 5. Ignore all other boxes. BE SURE TO ENTER YOUR SOCIAL SECURITY NUMBER (WRITE DOWNWARD) IN THE BLANK SPACES IN BOX 3: then darkly shade the corresponding number on each line. An example of a completed Page 00 is shown on the next page (the handwritten notes in this example are for clarification only. Please do not make similar notes on your RESPONSE BOOKLET.)
- After completing Page 00, carefully read and follow instructions given on pages x through xiv.
- PLEASE HANDLE YOUR RESPONSE BOOKLET CAREFULLY. KEEP IT CLEAN AND AWAY FROM CHEMICALS. DO NOT DETACH, FOLD, WRINKLE OR CROSS OUT ANY PAGE.

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my name is

1 NAME Mary Smith

Ignore tress botes

### INSTRUCTIONS

- 1. Use No. 2 pencil ONLY.
- 2. Indicate responses with solid black mark in space provided.
- 3. Erase COMPLETELY all changes.
- 4. Do not detach forms from packet.
- 5. Answer questions 2 through 5 below.
- See Task Statement Booklet for further instructions for completing boxes to the right.

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TASK ANALYSIS BACKGROUND
DATA SHEET

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### PART II

PART II A LIST OF TASKS

PART II B LIST OF INSTRUMENTS AND EQUIPMENT

HOW TO RESPOND TO TASK STATEMENTS AND INSTRUMENTS

Your responses to each statement should be marked on the corresponding page, column and item number in your RESPONSE BOOKLET.

Note that each page in your RESPONSE BOOKLET has two response blocks. The left-hand block (items 1-25) is for entering responses to statements printed on LEFT pages of this TASK BOOKLET; the right-hand block (items 26-50) is for the responses to statements printed on RIGHT pages. Make sure that your answers are recorded in the appropriate block on every page. DO NOT MAKE ANY MARKS OTHER THAN YOUR ANSWERS!

Each time you start a new page in your RESPONSE BOOKLET, check the page on your TASK BOOKLET. See that the numbers match; then mark the page number in "Box X" in the response page (see instructions at the top of response page.) This is necessary for computer processing.

Tear the Response Guide (p. xiii) at the perforation, and use the correct side to respond to each task or instrument found on the following white pages. Note the following detailed explanation of responses. Column A - (the responses to Column A differ for Part II A and Part II B, be sure to use the appropriate set of responses.)

### Part II A

How often did you do this task within the last month? (If you were on leave, consider your immediate past working month.)

- 0 = Did not do
- 1 = Did less than 5 times
- 2 = Did 5 to 20 times
- 3 = Did 21 to 50 times
- 4 = Did 51 to 100 times
- 5 = Did more than 100 times

### Part II B

How often did you use this instrument or piece of equipment within the last month? (If you were on leave, consider your immediate past working month.)

- 0 = Did not use
- 1 = Used less than 5 times
- 2 = Used 5-20 times
- 3 = Used 21-50 times
- 4 = Used 51-100 times
- 5 = Used more than 100 times

If answer in Column A is 0, go to the next statement. If answer is 1, 2, 3, 4 or 5, answer also Columns B, C & D.

### Column B

Indicate the approximate time you spent on a <u>single</u> performance the last time you performed this task.

- 0 = less than one minute
- 1 = 1 to 4 minutes
- 2 = 5 to 10 minutes
- 3 = 11 to 20 minutes
- 4 = 21 to 30 minutes
- 5 = 31 to 60 minutes
- 6 = 1 to 2 hours
- 7 = more than 2 hours

### Column C

Do you feel you need additional training to perform this task?

- 0 = No
- 1 = Yes

### RESPONSE GUIDE

(DO NOT LOSE THIS TAB)

# HOW TO RESPOND TO PART IIA - LIST OF TASKS

& D ALSO. ပ IF A = 1-5, ANSWER COLUMNS B, IF A = 0, GO TO NEXT STATEMENT: ANSWER COL. A FIRST.

FREQUENCY

(single performance TIME CONSUMED

ပ

Ø

OPTION (Additional instructions will be given if this

NEED ADDITIONAL DO YOU FEEL YOU the last time performed)

TRAINING TO PER-FORM THIS TASK?

column is used)

1=YES 0=N0

0=LESS THAN 1 MINUTE

LESS THAN 5 TIMES NOT DO LAST MONTH TO 20 TIMES 0=DID 1=DID 2=DID

MORE THAN 100 TIMES TO 100 TIMES TO 50 TIMES 3=DID 5=DID 4=DID

TO 30 MINUTES TO 20 MINUTES 5=31 3=114=21

2=5 TO 10 MINUTES

1=1 TO 4 MINUTES

7=MORE THAN 2 HOURS TO 60 MINUTES 6=1 TO 2 HOURS

## RESPONSE GUIDE

(DO NOT LOSE THIS TAB)

# HOW TO RESPOND TO PART IIB - LIST OF INSTRUMENTS AND EQUIPMENT

| ANSWER (                   |
|----------------------------|
| COL. £                     |
| ANSWER COL. A FIRST.       |
| IF $A = 0$ ,               |
| 11<br>CO                   |
| ) NEXI                     |
| 0, GO TO NEXT STATEMENT: 1 |
| IF A                       |
| 11                         |
| IF $A = 1-5$ ,             |
| ANSWER                     |
| COLUMNS B.                 |
| , C & D ALSO.              |

0=DID NOT USE LAST MONTH 1=USED LESS THAN 5 TIMES 2=USED 5 TO 20 TIMES 3=USED 21 TO 50 TIMES 4=USED 51 TO 100 TIMES 5=USED MORE THAN 100 TIMES FREQUENCY 4=21 TO 30 MINUTES 1=1 TO 4 MINUTES 2=5 TO 10 MINUTES 6=1 TO 2 HOURS 5=31 TO 60 MINUTES 3=11 TO 20 MINUTES 0=LESS THAN 1 MINUTE (last time used) TIME CONSUMED DO YOU FEEL YOU NEED ADDITIONAL FORM THIS TASK? TRAINING TO PER-0=NO 1=YES റ (Additional instructions will be given if this column is used) OPTION

7=MORE THAN 2 HOURS

Part II A

| LEFT  | PAGE | 01 | ( | T9\TC | TASK | 8 |
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|       |      |    |   |       |      |   |
| . *** |      | 1  |   |       |      |   |

| LEFT PAGE | OT/PT TASK BOOKLET  |
|-----------|---|
|           | ENTER RESPONSES TO STATEMENTS BELOW IN FEFT SIDE OF PAGE OL<br>OF RESPONSE BOOKLET        |
|           | SCREEN PATIENT ON ARRIVAL TO DETERMINE WHICH STAFF MEMBER                                 |
| 2         | TALK WITH PATIENT TO ASCERTAIN NEEDS/PROBLEMS   |
| 3         | REFER PATIENT TO DOCTOR FOR TREATMENT   |
|           | MAKE SUGGESTION REGARDING PATIENT CARE, E.G. NEED OF MEDICATION. TREATMENT                |
| 5         | CONFER WITH PATIENT/FAMILY TO PLAN PATIENT CARE   |
|           | ARRANGE FURNITURE/SET UP EQUIPMENT/SUPPLIES FOR PROCEDURE, E.G. EXAM, TREATMENT           |
| 7         | GIVE REPORT ON CHANGES/SPECIAL CARE/TREATMENT/TESTS FOR PATIENT                           |
|           | CONDUCT TEAM/WARD CONFERENCE (CLASS) ON PROBLEM/PROGRESS OF INDIVIDUAL PATIENT            |
|           | CONFER WITH CORPSMAN TO DISCUSS PATIENT TREATMENT/PROGRESS/<br>PROBLEM                    |
| 10        | DETERMINE PATIENT CARE ASSIGNMENT FOR INDIVIDUAL STAFF MEMBER                             |
| 11        | EVALUATE PATIENT'S PROGRESS/RESPONSE TO THERAPEUTIC REGIME                                |
| 12        | REVIEW DOCTOR'S ORDERS AND INSTRUCTIONS WITH DOCTOR                                       |
| 13        | PLAN OCCUPATIONAL THERAPY FOR PATIENT   |
| 14        | SELECT THERAPEUTIC EXERCISES FOR PATIENT  |
|           | COORDINATE PATIENT TREATMENT PLAN WITH OTHER DEPARTMENTS/<br>AGENCIES                     |
|           | MODIFY PATIENT CARE ACCORDING TO PATIENT'S RESPONSE/NEED, E.G. PHYSICAL ACTIVITY          |
|           | EVALUATE PATIENT'S SOCIO-CULTURAL BACKGROUND FOR INFLUENCES ON HEALTH CARE                |
| -         | RECOMMEND/GIVE PATIENT/FAMILY SUPPLEMENTARY HEALTH EDUCATION PAMPHLETS OR BOOKS           |
| 19        | ADJUST SIDERAILS/HEIGHT OF BED FOR PATIENT COMFORT/SAFETY                                 |
| 20        | CHANGE PATIENT'S SCILED LINEN AND CLOTHING  |
| 21        | ASSIST PATIENT WITH BEDPANS/URINALS/COMMODE CHAIRS  |
| 22        | LISTEN TO PATIENT/FAMILY DISCUSS THEIR PERSONAL PROBLEMS                                  |
|           | REASSURE/SUPPORT PATIENT FOLLOWING TRAUMATIC INJURY, E.G. LOSS OF VISION, LIMB            |
|           | ORIENT PATIENT/FAMILY TO FACILITY, E.G. ROUTINES, REGULATIONS, PHYSICAL LAYOUT, PERSONNEL |
|           | INFORM PATIENT/FAMILY OF MILITARY SERVICES, E.G. NAVY RELIEF, VETERANS BENEFITS           |

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### OT/PT TASK BOOKLET

| KIGHT PAGE | OI UTPT TASK BUUKLET  |
|------------|---|
| TASK NO.   | ! ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 01<br>  OF RESPONSE BOOKLET     |
| 26         | INFORM PATIENT/FAMILY OF RECREATIONAL ACTIVITIES IN THE COMMUNITY, E.G. SENIOR CITIZEN CLUB |
| 27         | DELIVER SUPPLIES FOR PATIENT'S ENTERTAINMENT OR RECREATION, E.G. PRADIO, TV, GAMES          |
| 28         | REMOVE/SECURE/RETURN PATIENTS PERSONAL EFFECTS  |
| 29         | PERFORM ERRANDS FOR PATIENTS, E.G. MAKE PHONE CALLS, GO TO STORE                            |
| 30         | CONDUCT GAME ACTIVITIES FOR HOSPITALIZED PATIENTS   |
| 31         | PARTICIPATE IN RECREATIONAL THERAPY FOR PATIENTS, E.G. PLAY CARDS, IGAMES, SPORTS           |
| 32         | OBSERVE FOR/REPORT SYMPTOMS OF DEHYDRATION  |
| 33         | OBSERVE FOR/REPORT SYMPTOMS OF WOUND INFECTION  |
| 34         | IOBSERVE/RECORD PATIENT'S PHYSICAL/EMOTIONAL RESPONSE TO TREATMENT/DIAGNOSTIC PROCEDURES    |
| 35         | OBSERVE PATIENT FOR/REPORT AND DESCRIBE ABNORMAL RESPIRATIONS                               |
| 36         |   |
| 37         | OBSERVE FOR/DESCRIBE OR REPORT CHARACTERISTICS OF TWITCHING, ITREMORS, TICS                 |
| 38         | EVALUATE PATIENT'S COMPLAINTS OR SYMPTOMS OF PAIN   |
| 39         | OBSERVE/REPORT SYMPTOMS OF SIDE EFFECTS TO TREATMENT/MEDICATION                             |
| 40         | I<br>ICHECK COLOR OF SKIN. E.G. CYANOSIS. BLANCHING. JAUNDICE.<br>IMOTTLING                 |
| 41         | 1<br>10BSERVE FOR/REPORT CHARACTERISTICS OF COUGH   |
| 42         |   |
| 43         |   |
| 44         | I<br>ICHECK/OBSERVE ELIMINATION PATTERNS, E.G. FREQUENCY, URGENCY,<br>IINCONTINENCE         |
| 45         | OBSERVE PATIENT FOR SIGNS OF CHILLING   |
| 46         | 10BSERVE PATIENT'S GENERAL APPEARANCE, E.G. DRESS, GROOMING                                 |
| 47         | IOBSERVE FOR/REPORT PATIENT'S LEVEL OF PHYSICAL ACTIVITY, E.G., ILETHARGY, HYPERACTIVITY    |
| 48         | OBSERVE/REPORT PATIENT'S LEVEL OF RESPONSIVENESS  |
| 49         | OBSERVE FOR/REPORT SYMPTOMS OF DRUG ABUSE, E.G. ACID, SPEED                                 |
| 50         | DETERMINE NEED TO NOTIFY DOCTOR/NURSE OF PATIENT'S CONDITION                                |

| LEFT PAGE | 02 OT/PT TASK BOOKLET  |
|-----------|--|
|           | ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 02<br>1 OF RESPONSE BOOKLET     |
| 1         | GIVE/RECEIVE VERBAL REPORTS ABOUT PATIENT  |
| 2         | <br> MAKE PATIENT ROUNDS OF WARDS/SECTION/UNIT/HOSPITAL<br>                              |
| . 3       | I<br>MAKE PATIENT ROUNDS/SICK CALL WITH DECTOR   |
| 4         | I PALPATE JOINTS FOR SWELLING, DEFORMITY, PAIN   |
| 5         | 1<br>TEXAMINE FOR SYMPTOMS OF FRACTURES<br>1   |
| 6         | 1 108 SERVE/REPORT PATIENT'S MUSCLE TONE, E.G. RIGID, FLACCID, 1 SPASTIC, SPASMS         |
| 7         | EXAMINE LEGS TO DETECT/RULE OUT CALF TENDERNESS/VARICOSE VEINS                           |
| 8         | ICHECK SKIN TURGOR (ELASTICITY)  |
| 9         | ICHECK PATIENT'S RESPONSE TO PAINFUL STIMULUS AND TEMPERATURE                            |
| 10        | CHECK PATIENT'S RESPONSE TO TOUCH, PRESSURE, TEMPERATURE                                 |
| 11        | ICHECK TEXTURE OF SKIN. E.G. DRY. DILY. SCALY  |
| 12        | CHECK PATIENT FOR SWEATING/DIAPHORESIS   |
| 13        | ICHECK TEMPERATURE OF SKIN   |
| 14        | I<br>ICHECK SKIN FOR ABNORMAL CONDITIONS, E.G. PRESSURE SURES,<br>IBRUISES, NEEDLE MARKS |
| 15        | CHECK I.V. SITE FOR INFILTRATION, PHLEBITIS, CELLULITIS                                  |
| 16        | CHECK/EXAMINE INCISIONS/WOUNDS FOR PROGRESS OF HEALING                                   |
| 17        |  |
| 18        | I<br>ITAKE PUS SPECIMEN FROM PATIENT<br>I  |
| 19        |  |
| 20        |  |
| 21        | ICHECK PATIENTS TEMPERATURE  |
| 22        |  |
| 23        | CHECK RADIAL (WRIST) PULSE   |

ICHECK PEDAL PULSE FOR PRESENCE AND QUALITY

TAKE BLOOD PRESSURE

24

25

| R | IGHT | PAGE | 02 |
|---|------|------|----|
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### OT/PT TASK BOOKLET

| RIGHT PAGE | 02 OT/PT TASK BOOKLET   |
|------------|---|
| I TASK NO. | I ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 02<br>1 OF RESPONSE BOOKLET         |
| 26         | POSITION EXTREMITIES TO REDUCE SWELLING OR BLEEDING   |
| 27         | POSITION PATIENT WHO HAS DIFFICULTY BREATHING   |
| 28         | POSITION PATIENT WHO HAS SYMPTOMS OF SHOCK  |
| 29         | <br> POSITION PATIENT IN BODY ALIGNMENT<br>   |
| 3 <b>C</b> | APPLY/PEMOVE SPLINT   |
| 31         | I PPPLY/REMOVE BRACE  |
| 32         | 1<br>!APPLY/REMOVE CLING, E.G. APM, LEG   |
| 33         | ITAPE ANKLE. WRIST. KNEE. CHEST FOR IMMOBILIZATION  |
| 34         | APPLY/CHANGE BANDAGES, E.G. POLLER, TRIANGULAR, KURLEX  |
| 35         |   |
| 36         | APPLY/CHANGE STERILE DRESSINGS  |
| 37         | REINFORCE DRESSINGS, I.E. ADD DRESSINGS   |
| 38         | DEBRIDE WOUND/BUPN  |
| 39         | CLEAN WOUND, CUT, ABRASION  |
| 40         | GIVE SPECIAL SKIN/DECUBITUS CARE, E.G. APPLY MEDICATION, IDRESSINGS, IRRIGATE                   |
| 41         | TEACH PATIENT/FAMILY NURSING CARE PROCEDURES, E.G. DRESSING ICHANGE, CAST CARE                  |
| 42         | ITEACH PATIENT/FAMILY CARE OF SPECIFIC DISEASES/DISABILITIES, LE.G. DIABETES, CVA               |
| 43         | FACCOMPANY PATIENT TO OTHER DEPARTMENTS/CLINICS   |
| 44         | TRANSPORT NON AMBULATORY PATIENT TO OTHER DEPARTMENTS/CLINICS                                   |
| 45         | GIVE CARE TO PATIENT IN REVERSE ISOLATION   |
| 46         | I PASS STERILE MATERIALS, EQUIPMENT, MEDICATION, TO PERSONNEL IPERFORMING STERILE PROCEDURE     |
| 47         | I CONNECT DRAINAGE TUBE TO DRAINAGE EQUIPMENT, E.G. BAG, BOTTLE, MACHINE                        |
| 48         | IGLOVE FOR STERILE PROCEDURE  |
| 49         | ASSIST PATIENTS IN/OUT OF BED. EXAM OR O.R. TABLES  |
| 50         | PREPARE SKIN SITE WITH ANTISEPTIC SOLUTION PRIOR TO INCISION/ SUTURING/TREATMENT OR EXAMINATION |
|            | THE PARTY AND   |

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| LEFT PAGE | O3 OT/PT TASK BOOKLET  |
| TASK NO.  | ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 03   OF RESPONSE BOOKLET      |
| 1         | DRAPE/GOWN PATIENT FOR EXAMINATION/TREATMENT   |
| 2         | CLEAN AND CLOTHE PATIENTS AFTER SURGERY/TREATMENT/EXAMINATION                          |
| 3         | POSITION/HOLD PATIENT FOR EXAMINATION, TREATMENT, SURGERY                              |
| 4         | MOVE/POSITION COMATOSE/ANESTHETIZED PATIENT  |
| 5         | TURN PATIENT ON CIRCOELECTRIC BED  |
| 6         | TURN PATIENT ON STRYKER FRAME  |
| 7         | PROTECT PATIENT FROM INJURY DURING CONVULSION  |
| 8         |  |
| 9         | LOAD/UNLOAD PATIENTS FROM STRETCHERS (GURNEY)  |
| 10        | MOVE/POSITION PATIENT WITH SUSPECTED FRACTURES OF EXTREMITIES                          |
| 11        | MOVE/POSITION PATIENT WITH SUSPECTED SPINAL FRACTURES OR CORD INJURIES                 |
| 12        | WRITE STANDARD INSTRUCTIONS FOR PATIENT CONCERNING EXAMINATIONS/ THERAPY OR PROCEDURES |
| 13        | REVIEW WITH PATIENT PRINTED INSTRUCTIONS FOR EXAMINATION/THERAPY PROCEDURES            |
| 14        | INFORM PATIENT OF PROCEDURES REQUIRED PRIOR TO/DURING EXAMINATION/TEST/TREATMENT       |
| 15        | REASSURE/CALM APPREHENSIVE (ANXIOUS) PATIENT   |
| 16        | REASSURE APPREHENSIVE PARENTS OF PEDIATRIC PATIENT                                     |
| 17        | TEXPLAIN/ANSWER QUESTIONS ABOUT DOCTOR'S INSTRUCTIONS TO PATIENT/                      |
| 18        | EXPLAIN/ANSWER PATIENT'S QUESTIONS REGARDING EXAMINATION/TEST/<br>TREATMENT PROCEDURES |
| 19        | EXPLAIN/ANSWER QUESTIONS ABOUT TREATMENT PROCEDURE VIA TELEPHONE                       |
| 20        | INFORM PATIENT OF PROGRESS OF THERAPY  |
| 21        | EXPLAIN/ANSWER QUESTIONS ABOUT THERAPEUTIC DIETS TO PATIENT/                           |
| 22        | TEXPLAIN/ANSWER PATIENT'S QUESTIONS REGARDING SYMPTOMS/DISEASE/                        |
| 23        | EXPLAIN PHYSIOLOGICAL BASIS FOR THERAPY/TREATMENT TO PATIENT/                          |

IASK PATIENT/CHECK CHART FOR CONTRAINDICATION FOR TREATMENT.

24

25

PROCEDURE. TEST

| RIGHT PAGE | O3 OT/PT TASK BOOKLET  |
|------------|--|
| I TASK NO. | ! ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 03<br>! OF RESPONSE BOOKLET                    |
| 26         | NOTIFY MEDICAL PERSONNEL OF TREATMENT NEEDS FOR PATIENT  |
| 27         | CONFER WITH PARAMEDICAL PERSONNEL TO DISCUSS PATIENT PROGRESS/<br>PROBLEMS, E.G. O.T., P.T., SOCIAL WORKER |
| 28         | WRITE THERAPY PROGRESS NOTES   |
| 29         | MAKE ENTRIES ON DOCTOR'S PROGRESS NOTES  |
| 30         | CONSULT DOCTOR OR NURSE TO OBTAIN INFORMATION/ADVICE ON PATIENT  |
| 31         | ENSURE THAT DOCTOR'S ORDERS ARE CARRIED OUT  |
| 32         | CARRY OUT DOCTOR'S VERBAL ORDERS   |
| 33         | COUNSEL PATIENT/FAMILY ON WHEN AND WHERE TO SEEK MEDICAL CARE  |
| 34         | INFORM PATIENT/FAMILY WHERE TO OBTAIN MEDICAL SUPPLIES   |
| 35         | COUNSEL FAMILY IN CARE OF GERIATIC PATIENT   |
| 36         | TEACH PATIENT/FAMILY HEALTH PROMOTION PRACTICES, E.G. ROUTINE PHYSICALS, EXERCISE, DIET                    |
| 37         | TEACH PATIENT/FAMILY HOME ACCIDENT PREVENTION  |
| 38         | INSTRUCT PATIENT IN PREVENTIVE CARE OF FINGER AND TOENAIL ABNORMALITIES                                    |
| 39         | CONDUCT CLASSES FOR GROUPS OF PATIENTS REGARDING CARE OF SPECIFIC DISABILITY/DISEASE                       |
| 40         | GIVE CARE/INSTRUCTION TO PATIENT WHO CANNOT SPEAK OR UNDERSTAND LENGLISH                                   |
| 41         | TAKE BASELINE MEASUREMENTS   |
| 42         |  |
| 43         |  |
| 44         | MEASURE/WEIGH PATIENT OR PERSONNEL   |
| 45         | MEASURE SKULL  |
| 46         | MEASURE BONY STRUCTURE OF PELVIS, I.E. CLINICAL PELVIMETRY   |
| 47         | MEASURE MUSCLE GIRTH   |
| 48         | ADMINISTER AND EVALUATE CERAMIC-MOSAIC TEST  |
| 49         | ADMINISTER AND EVALUATE MECHANICAL ABILITY TEST, E.G. MINNESOTTA MANIPULATION TEST                         |
| 50         | MEASURE RANGE OF MOTION OF JOINTS  |

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### OT/PT TASK BOOKLET

| LETT PAGE  | UT/PT TASK BOURCET   |
|------------|--|
| I TASK NO. | 1 ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 04<br>1 OF RESPONSE BOOKLET |
| 1          | ICHECK ELBOW/KNEE-JERK, I.E. BICEPS/PATELLAR REFLEX                                    |
| 2          | CHECK/COUNT RESPIRATIONS   |
| <b>3</b>   | TEACH PATIENT MODEL BUILDING TECHNIQUES  |
| 4          | TEACH PATIENT SCULPTING TECHNIQUES   |
| 5          | TEACH PATIENT POTTERY MAKING TECHNIQUES  |
| 6          | ITEACH PATIENT WEAVING TECHNIQUES  |
| 7          | TEACH PATIENT LAPIDARY TECHNIQUES  |
| 8          | TEACH PATIENT WOODWORKING TECHNIQUES   |
| 9          | TEACH PATIENT JEWELRY MAKING TECHNIQUES  |
| 10         | TEACH PATIENT LEATHER WORKING TECHNIQUES   |
| 11         | TEACH PATIENT MOSAIC TECHNIQUES  |
| 12         | TEACH PATIENT PAINTING TECHNIQUES  |
| 13         | TEACH PATIENT TO OPERATE PRINTING PRESS  |
| 14         | FABRICATE PATTERN FOR MOULDS   |
| 15         | TEACH PATIENT GARDENING  |
| 16         | MAKE FABRIC MATERIAL PATTERNS  |
| 17         | MAKE AND MAINTAIN CERAMIC SLIP   |
| 18         | READ EQUIPMENT MANUALS FOR OPERATION AND MAINTENANCE OF EQUIPMENT                      |
| 19         | CHECK COMPRESSED GAS TANKS FOR LEAK, E.G. DXYGEN                                       |
| 20         | STORE PATIENTS OCCUPATIONAL THERAPY PROJECTS   |
| 21         | SELECT AND ARRANGE MATERIALS TO TEACH PATIENTS ACTIVITY OF DAILY                       |
| 22         | FABRICATE SELF-HELP DEVICES FOR ACTIVITIES OF DAILY LIVING, E.G. SPECIAL SPOONS        |
| 23         | TEACH PATIENT TO FEED SELF   |
| 24         | ENCOURAGE PATIENT INDEPENDENCE AND/INVOLVEMENT IN SELF CARE                            |
| 25         | TEACH HANDICAPPED PERSON TO ACCOMPLISH SELF CARE BY SEQUENTIAL BODY MOVEMENTS          |
|            |  |

GO TO RIGHT HAND PAGE

| IGHT | PAGE | 04 | OT/PT | TASK | BOOKLET |
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| - TOM PAGE | or content   |
|------------|--|
|            | ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 04<br>OF RESPONSE BOOKLET              |
|            | TEACH PATIENT/FAMILY TRANSFER TECHNIQUES, E.G. BED TO CHAIR, CHAIR TO COMMODE                    |
| 27         | TEACH PATIENT TO WRITE WITH UNAFFECTED HAND  |
| 28         | TEACH ONE HANDED TYPING  |
| 29         | TEACH PATIENT TO TYPE USING HEAD DEVICE  |
| 30         | GIVE HYDROTHERAPY TO REDUCE INFECTIONS/CLEAN WOUNDS  |
| 31         | GIVE HYDROTHERAPY TO INCREASE CIRCULATION  |
| 32         | <br> GIVE HYDROTHERAPY FOR *WARM UP* PRIOR TO EXERCISE<br>                                       |
| 33         | <br> GIVE HYDROTHERAPY TO HELP PATIENT ACHIEVE RANGE OF MOTION                                   |
| 34         | I<br>IGIVE CONTRAST BATH<br>I  |
| 35         | <br> GIVE PARAFFIN BATH TREATMENT<br>  |
|            | ADJUST HYDROTHERAPY BATH ACCORDING TO PATIENT'S CONDITION, E.G. ADDITIVE, AGITATION, TEMPERATURE |
| 37         | <br> CALCULATE AND PREPARE PERCENT SOLUTIONS<br>   |
| 38         | <br> CONVERT MEDICATION DOSAGE FROM CC TO MINIMS, GRAINS TO GRAM<br>                             |
| 39         | PREPARE ISOTONIC SOLUTIONS ,   |
| 40         | <br> CONVERT CENTIGRADE TEMPERATURE TO FAHRENMEIT OR VICE VERSA<br>                              |
| 41         | <br> POUR STERILE SOLUTION, E.G. STERILE WATER, SALINE<br>                                       |
| 42         | <br> GIVE PHYSICAL THERAPY TREATMENT TO PATIENT IN THERAPEUTIC POOL  <br>                        |
| 43         | <br> Drain and Clean Therapeutic Pool<br>  |
| 44         | <br> INSPECT THERAPEUTIC POOL FILTERING SYSTEM   |
| 45         | <br> CHECK THERAPEUTIC POOL AIR AND WATER TEMPERATURES<br>                                       |
| 46         | <br> Drain and clean swimming pool<br>   |
| 47         | DD CHLORINATION OF POOL WATER  |
| 48         | <br> Take relative humidity readings<br>   |
| 49         | INSPECT SWIMMING POOL AND BATHHOUSE  |
| 50         | I<br>GIVE MICROWAVE DIATHERMY TREATMENT  |
|            | 4  |

| 42.        | The second secon |  |  |
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| LEFT PAGE  | OT/PT TASK BOOKLET   |  |  |
| I TASK NO. | I ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 05  I OF RESPONSE BOOKLET   |  |  |
| 1          | IGIVE SHORT WAVE DIATHERMY TREATMENT   |  |  |
| 2          | IGIVE CONSTANT/PULSATING ULTRASOUND TREATMENT  |  |  |
| . 3        | I<br>IGIVE COMBINATION ULTRASOUND AND ELECTRICAL STIMULATION   |  |  |
| 4          |  |  |  |
| 5          | IGIVE MOIST AIR BAKER TREATMENT  |  |  |
| 6          |  |  |  |
| 7          | IGIVE HEAT TREATMENT, E.G. HYDROCOLLATOR/K PACK, HEAT LAMP   |  |  |
| 8          | GIVE ICE PACK TREATMENT  |  |  |
| 9          |  |  |  |
| 10         | <br> GIVE INFRARED TREATMENT<br>   |  |  |
| 11         | IGIVE ULTRAVIOLET TREATMENT  |  |  |
| 12         |  |  |  |
| 13         | CALIBRATE EQUIPMENT  |  |  |
| 14         | ASSESS PATIENT'S TOLERANCE OF EXERCISE OR ACTIVITY   |  |  |
| 15         | PALPATE MUSCLES/TENDONS FOR CONTRACTION/CONTRACTURES   |  |  |
| 16         | IGIVE PASSIVE STRETCH AGAINST CONTRACTURE  |  |  |
| 17         | INSTRUCT PATIENT HOW TO ACTIVELY STRETCH CONTRACTURE   |  |  |
| 18         | TEACH COORDINATION EXERCISES, E.G. FRENKEL'S EXERCISES   |  |  |
| 19         | TEACH MUSCLE STRENGTHENING/PROGRESSIVE RESISTANT EXERCISES   |  |  |
| 20         | TEACH DELORM EXERCISES   |  |  |
| 21         | TEACH BME EXERCISES (BRIEF MAXIMAL EFFORT)   |  |  |
| 22         | ITEACH OXFORD EXERCISES  |  |  |
| 23         | TEACH ISOMETRIC EXERCISES  |  |  |

TEACH VASCULAR EXERCISES, E.G. BUERGER-ALLEN

TEACH ACTIVE RANGE OF MOTION EXERCISES

24

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| PIGHT PAGE | 05 OT/PT TASK BOOKLET  |
|------------|--|
|            | I ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 05<br>I OF RESPONSE BOOKLET      |
| 26         | LUSE PNF PATTERNS IN TEACHING OR HELPING PATIENT IN RANGE OF                                 |
| 27         | FABRICATE DEVICES TO HELP PATIENT CARRY OUT RANGE OF MOTION                                  |
| 28         | I<br>IINSTRUCT PATIENT IN EXERCISES TO ACHIEVE/STRENGTHEN HAND GRASP                         |
| 29         | INSTRUCT PATIENT IN EXERCISES TO ACHIEVE/STRENGTHEN FINGER DEXTERITY                         |
|            | INSTRUCT PATIENT IN RECIPROCAL EXERCISES/ACTIVITIES, E.G. BIKE PRIDING                       |
| 31         | IGIVE PASSIVE RANGE OF MOTION EXERCISES  |
| 32         | I<br>Treeducate muscle groups  |
| 33         | I<br>IDO MUSCLE REEDUCATION FOLLOWING TENDON/MUSCLE TRANSPLANT<br>I                          |
| 34         | <br> TEACH PATIENT TO COUGH AND DEEP BREATHE<br>   |
|            | I<br>SASSIST PATIENT IN PERFORMING ACTIVE ASSISTIVE RANGE OF MOTION<br>SEXERCISES            |
| 36         | I<br>ASSIST PATIENT TO STAND/WALK/DANGLE<br>I  |
| 37         | TEACH BREATHING EXERCISES  |
| 38         | TREAT PATIENT/PERSONNEL WHO HYPERVENTILATE, E.G. GIVE BREATHING INSTRUCTIONS, CARBON DIOXIDE |
|            | PERFORM CHEST VIBRATION AND CUPPING TREATMENT, 1.E. CHEST PHYSIOTHERAPY                      |
| 40         | TEACH PRENATAL EXERCISES   |
| 41         | TEACH PATIENT/FAMILY SELF USE OF THERAPEUTIC EQUIPMENT/DEVICES                               |
| 42         | <br> TEACH POSTURAL DRAINAGE EXERCISES<br>   |
| 43         | I<br>ITEACH PRE AND POST THORACTOMY EXERCISES  |
| 44         | I<br>LINSTRUCT WOMEN IN LABOR ON METHODS OF RELAXATION. BREATHING,<br>IBEARING DOWN          |
| 45         | TAKE PATIENT IN AND OUT OF TRACTION  |
| 46         | I<br>IMODIFY EQUIPMENT ACCORDING TO PATIENT'S THERAPEUTIC NEED<br>I                          |
| 47         |  |
| 48         | GIVE MASSAGE TO REDUCE EDEMA   |
| 49         | I GIVE MASSAGE TO STIMULATE CIRCULATION/INCREASE HEALING PROCESS                             |
| 50         | I<br>IGIVE MASSAGE TO REDUCE MUSCLE SPASM<br>I   |

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| LEFT PAGE | 06 OT/PT TASK BOOKLET  |
| TASK NO.  | ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 06 OF RESPONSE BOOKLET  |
| 1         | GIVE MASSAGE FOR MYONEURO FASCILITATION  |
| 2         | GIVE ICE MASSAGE   |
| · 3       | GIVE FRICTION MASSAGE  |
| 4         | APPLY/REMOVE PROSTHETIC APPLIANCE  |
| 5         | TEACH PATIENT HOW TO CLEAN AND DO MINOR REPAIRS OF PROSTHESIS  |
| 6         | TEACH STUMP HYGIENE  |
| 7         | TEACH PATIENT TO WRAP STUMP  |
| 8         | TEACH PATIENT TO TOUGHEN AND MATURE STUMP, E.S. TAPOTEMENT   |
| 9         | TEACH PATIENT IN USE OF STUBBLE PROSTHESES   |
| 10        | I<br>TEACH ATHLETIC SKILLS TO PATIENT WITH PROSTHESIS, E.G. SKIING,<br>IGOLFING  |
| 11        | INSTRUCT AND SUPERVISE PATIENT IN STUMP CONAMICS TO STRENGTHEN MUSCLE-GROUPS   |
| 12        | WRAP STUMP FOR SHAPE/SHRINKAGE   |
| 13        | TEACH PATIENT WITH PROSTHESIS HOW TO OPERATE CAR   |
| 14        | TEACH PATIENT HOW TO APPLY UPPER EXTREMITY PROSTHESIS  |
| 15        |  |
| 16        | INSTRUCT PATIENT WITH UPPER EXTREMITY PROSTHESIS HOW TO PICK UP TOBJECTS   |
| 17        | TEACH PATIENT TO WRITE USING HAND PROSTHESIS   |
| 18        | LEVALUATE PROGRESS OF PATIENT WITH PROSTHESIS  |
| 19        | TEACH PATIENT HOW TO APPLY LOWER EXTREMITY PROSTHESIS  |
| 20        | EVALUATE FITTING OF LOWER EXTREMITY PROSTHETIC APPLIANCE   |
| 21        | TEACH BALANCE TO PATIENT WITH PROSTHESIS   |

ITEACH PATIENT WITH PROSTHESIS TO WALK ON INCLINE

TEACH PATIENT HOW TO FALL IN FOUR DIRECTIONS AND RISE TO PROME POSITION

ITEACH PATIENT TO WALK WITH PROSTHESIS, I.E. FORWARD AND BACKWARD

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| RIGHT PAGE | O6 OT/PT TASK BOOKLET  |
|------------|--|
| I TASK NO. | ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 06   OF RESPONSE BOOKLET |
| 26         | TEACH PATIENT WITH PROSTHESIS HOW TO STEP OVER OBSTACLES FROM ISTANDING POSITION   |
| 27         | TEACH PATIENT WITH PROSTHESIS TO MOUNT AND DESCEND STAIRS WITHOUT HANDRAIL         |
| 28         | TEACH PATIENT WITH PROSTHESIS TO WALK ON SANDY, ROCKY, UNEVEN SURFACE/TERRAIN      |
| 29         | TEACH PATIENT WITH PROSTHESIS HOP-SKIP GAIT  |
| 30         | TEACH PATIENT WITH PROSTHESIS HOW TO DANCE   |
| 31         | TEACH PATIENT WITH PROSTHESIS HOW TO GET IN/OUT OF CAR                             |
| 32         | TEACH PATIENT WITH PROSTHESES HOW TO GET IN/OUT OF CHAIRS                          |
| 33         | TEACH PATIENT WITH PROSTHESIS TO CROSS STREET                                      |
| 34         | TEACH PATIENT TO BALANCE   |
| 35         | TEACH PATIENT POSTURE  |
| 36         | TEACH PATIENT TO USE AXILLARY CRUTCHES   |
| 37         | TEACH PATIENT TO USE LOFSTRAND CRUTCHES  |
| 38         | TEACH PATIENT TO USE CANES .   |
| 39         | TEACH PATIENT TWO POINT CRUTCH GAIT  |
| 40         | TEACH PATIENT THREE POINT CRUTCH GAIT  |
| 41         | TEACH PATIENT FOUR POINT CRUTCH GAIT   |
| 42         | TEACH PATIENT WITH CRUTCHES TO ASCEND/DESCEND STAIRS AND RAMP                      |
| 43         | <br> FIT CRUTCHES  |
| 44         | TEACH PATIENT SWING TO OR SWING THROUGH GAIT                                       |
| 45         | FIT CANES  |
| 46         | SPLINT PARALYZED EXTREMITY TO PREVENT BUCKLING                                     |
| 47         |  |
| 48         | <br>   |
| 49         |  |
| 50         |  |

| LEFT PAGE  | O7 OT/PT TASK BOOKLET  |
|------------|--|
| I TASK NO. | I ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 07  I OF RESPONSE BOOKLET     |
| 1          | FABRICATE SPLINTS TO PREVENT TRAUMA, E.G. FINGER PROTECTOR                               |
| 2          | FABRICATE SPLINTS FOR PREVENTION/CORRECTION OF ORTHOPEDIC   DEFORMITY                    |
| 3          | FABRICATE THERMOPLASTIC ORTHOPEDIC BRACES  |
| 4          |  |
| 5          | APPLY TRACTION SPLINTS   |
| 6          | APPLY LONG ARM PLASTER CAST  |
| 7          | DEVELOP COMMUNICATION TECHNIQUES FOR PATIENT WITH COMMUNICATION PROBLEM, E.G. CARDS      |
| 8          | ADMINISTER AND EVALUATE APHASIA TEST USING SPELLING OR VERBAL IDENTIFICATION OF OBJECTS  |
| 9          | OBSERVE PATIENT'S ABILITY TO RECEIVE OR EXPRESS SPOKEN, WRITTEN OR PRINTED COMMUNICATION |
| 10         | TEACH APHASIC PATIENT TO COMMUNICATE VIA WRITING   |
| 11         | INFORM PATIENT OF THERAPEUTIC TRAINING PROGRAMS, E.G. LIP READING CLASSES                |
| 12         | ENCOURAGE APHASIC PATIENT TO VERBALIZE   |
| 13         | TEACH PATIENT SOUND RECOGNITION BY DEMONSTRATING TONGUE AND MOUTH MOVEMENTS              |
| 14         | TEACH PATIENT WORD RECOGNITION, E.G. PICTURE/WORD RELATIONSHIPS                          |
| 15         | TEACH PATIENT SHAPE/COLOR RECOGNITION  |
| 16         | TEACH BLIND PATIENT TO AMBULATE USING CANE   |
| 17         | ITEACH SELF-HELP TECHNIQUES TO BLIND PATIENT   |
| 18         | ASSIST BLIND PATIENT WITH BRAILLE READING  |
| 19         | GIVE CARE TO PATIENT WITH HEARING/SPEECH/SIGHT LOSS                                      |
| 20         | ! ACCOMPANY/ESCORT PSYCHIATRIC PATIENTS, E.G. TO MOVIES, FIELD ITRIPS                    |
| 21         | EVALUATE PSYCHOLOGICAL NEEDS OF PATIENT IN RELATION TO HIS PHYSICAL DISABILITY           |
| 22         | ADMINISTER AZIMA BATTERY DIAGNOSTIC TEST   |
| 23         | ADMINISTER HOUSE-TREE-PERSON TEST  |
| 24         | RECOMMEND PSYCHOLOGICAL APPROACH TO USE WITH PATIENT                                     |
|            | •  |

TELICIT INFORMATION TO ASCERTAIN PATIENT'S UNDERSTANDING/

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| PIGHT PAGE ( | OT/PT TASK BOOKLET   |
|--------------|--|
|              | ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 07<br>  OF RESPONSE BOOKLET                  |
| 26           | DETERMINE WORK THERAPY/ASSIGNMENT FOR PATIENT  |
| 27           | <br> REINFORCE PATIENT®S POSITIVE RESPONSE TO THERAPY  |
| 28           | <br> OBSERVE PATIENT®S ORIENTATION TO TIME, PLACE, PERSON<br>  |
|              | OBSERVE FOR/REPORT OR DESCRIBE SYMPTOMS OF IRRITABILITY, RESTLESSNESS, APPREHENSION                    |
|              | IDENTIFY/DESCRIBE MANIFESTATIONS OF LOSS OF CONTACT WITH REALITY, E.G. HALLUCINATIONS, DELUSIONS       |
| 31           | OBSERVE PATIENT'S BEHAVIOR PATTERNS  |
| 32           | <br> DETERMINE PATIENT S PATTERN OF INTERACTION WITH OTHERS<br>  |
| 33           | IDENTIFY FACTORS THAT INFLUENCE PATIENT'S PSYCHOLOGICAL STATE  |
|              | OBSERVE PATIENT'S GENERAL EMOTIONAL CONDITION, E.G. FACIAL AND EYE EXPRESSIONS, QUALITY OF VOICE       |
|              | IDENTIFY PATIENT'S PSYCHOLOGICAL NEEDS AND/OR PROBLEMS, E.G. AFFECTION, RECOGNITION                    |
| 36           | OBSERVE FOR PATIENT'S NEED TO VENTILATE FEELINGS   |
| 37           | INTERACT WITH WITHDRAWN/UNCOMMUNICATIVE PATIENT  |
|              | DIRECT PATIENT TO OUTLETS FOR RELEASE OF TENSION OR AGGRESSION, E.G. SPORTS, OTHER PHYSICAL ACTIVITIES |
| 39           | TRESTRAIN/CONTROL PATIENT PHYSICALLY, E.G. ARM HOLD  |
| 40           | <br> RESTRAIN/CONTROL PATIENT VERBALLY<br>   |
| 41           | <br> WATCH/GUARD PATIENT WHO IS ON PRECAUTION, E.G. ESCAPE<br>   |
| 42           | <br> OBSERVE FOR/REPORT TENDENCIES TOWARD SUICIDAL BEHAVIOR<br>  |
| 43           | <br> MAINTAIN UNIT/WARD/SECTION FIRST AID AND EMERGENCY EQUIPMENT                                      |
| 44           | <br> REVIEW AND EVALUATE ASEPTIC TECHNIQUES  |
| 45           | !<br> DISINFECT INSTRUMENTS/MATERIALS/EQUIPMENT<br>  |
| 46           | CLEAN AND DISINFECT WORKING AREA   |
| 47           | CHECK EQUIPMENT FOR ELECTRICAL HAZARDS AND GROUNDS   |
|              | IENSURE THAT SAFE INDUSTRIAL PRACTICES ARE ADHERED TO, E.G. USE OF PROTECTIVE EYE GLASSES              |
| • •          | INSPECT FOR AVAILABILITY AND USE OF SAFETY EQUIPMENT IN HAZARDOUS AREAS                                |
| 50           |  |

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## OT/PT TASK BOOKLET

| LEFT PAGE                        | OB OT/PT TASK BOOKLET  |
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|                                  | ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 08<br>OF RESPONSE BOOKLET   |
| 1                                | INSPECT SPACES FOR CLEANLINESS   |
|                                  | INVESTIGATE/REPORT ON INJURIES/INCIDENTS TO PATIENTS/STAFF/<br>VISITORS  |
|                                  | TRANSPORT STERILE EQUIPMENT/SUPPLIES, RETURN DIRTY OR EXPIRED  |
| 4                                | DO FOLDING, WRAPPING AND STORING OF LAUNDRY/LINEN  |
| 5                                | TRANSPORT LAUNDRY TO/FROM LAUNDRY ROCM   |
| 6                                | REPLACE MATTRESS AND PILLOWS   |
| 7                                | CHANGE LINENS, E.G. BED, EXAM TABLES, BEDSIDE CURTAIN  |
| 8                                |  |
| 9                                | PAINT WALLS, CEILINGS, FURNITURE OR EQUIPMENT  |
| 10                               | DO HOUSEKEEPING/CLEANING DUTIES  |
| 11                               | <br> COLLECT/REMOVE TRASH/GARBAGE<br>  |
| 12                               | ADJUST HEATING/VENTILATION ACCORDING TO WEATHER CONDITIONS   |
| 13                               | PEVALUATE EFFECTIVENESS OF UNIT'S OJT PROGRAM  |
| 14                               | SELECT WORK EXPERIENCES FOR STUDENT/TRAINEE  |
| 15                               | SUGGEST IMPROVEMENTS FOR COURSE/CURRICULUM CONTENT   |
| 16                               | WRITE REPORTS FOR CLASSES/CONFERENCES  |
| 17                               | SUGGEST TOPICS FOR CLASSES/CONFERENCES   |
| 18                               | CONFER WITH INSTRUCTIONAL STAFF ON INDIVIDUAL STUDENT PROBLEMS   |
| 19                               | WRITE LESSON PLANS   |
| 20                               | REQUISITION TRAINING AIDS FROM OTHER HOSPITALS/CLINICS OR ICIVILIAN/GOVERNMENT HEALTH FACILITIES   |
| 21                               | ARRANGE FOR USE OF LECTURE/TEACHING/DEMONSTRATION AIDS AND LEQUIPMENT  |
| 22                               | DEMONSTRATE NEW EQUIPMENT OR PRODUCTS TO STUDENTS/STAFF  |
| 23                               | SET UP/BREAK DOWN CLASSROOM DEMONSTRATIONS/TEACHING AIDS   |
| 24                               | ORIENT TRAINEES/STUDENTS TO PROGRAM. I.E. OBJECTIVES OF PROGRAM. ICLASS SCHEDULE   |
| 25                               | COUNSEL PERSONNEL/TRAINEES ON CAREER PLANS, E.G. AVAILABILITY OF LEDUCATIONAL PROGRAMS   |
| 19<br>20<br>21<br>22<br>23<br>24 | REQUISITION TRAINING AIDS FROM OTHER HOSPITALS/CLINICS OR CIVILIAN/GOVERNMENT HEALTH FACILITIES  ARRANGE FOR USE OF LECTURE/TEACHING/DEMONSTRATION AIDS AND EQUIPMENT  DEMONSTRATE NEW EQUIPMENT OR PRODUCTS TO STUDENTS/STAFF  SET UP/BREAK DOWN CLASSROOM DEMONSTRATIONS/TEACHING AIDS  ORIENT TRAINEES/STUDENTS TO PROGRAM, I.E. OBJECTIVES OF PROGRAM CLASS SCHEDULE  COUNSEL PERSONNEL/TRAINEES ON CAREER PLANS, E.G. AVAILABILITY OF |

| RIGHT PAGE | 08 OT/PT TASK BOOKLET   |
|------------|---|
| I TASK NO. | I ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE OB OF RESPONSE BOOKLET          |
| 26         | ITEACH FORMAL CLASSES   |
| 27         | ISCHEDULE LECTURES  |
| 28         | DEMONSTRATE CLINICAL PROCEDURES USING PATIENT/SUBJECT                                       |
| 29         | SELECT CLINICAL MATERIAL FOR IN TRUCTIONAL PUMPOSES, E.G. PATIENTS, CASE STUDIES            |
| 30         | IGIVE FIRST AID INSTRUCTION   |
| 31         | TACT AS TEACHER-GUIDE ON FIELD TRS  |
| 32         |   |
| 33         | IDRAW UP STATISTICAL GRAPHS, TABLES, CHARTS   |
| 34         | IRECOMMEND GRAPING PROCEOUPES/PASS-FAIL CRITERIA  |
| 35         | ADMINISTER EXAMINATIONS   |
| 36         | SCORE/CORRECT QUIZZES/EXAMINATIONS MANUALLY   |
| 37         | ASSIGN GRADES FOR INUIVIOUAL PERFORMANCE  |
| 38         |   |
| 39         | POST/ENTER TRAINING INFORMATION INTO INDIVIDUAL RECORDS                                     |
| 40         | PLAN CONFERENCES FOR STUDENTS DURING PRACTICAL TRAINING                                     |
| 41         | MAINTAIN RECORD OF TRAINEE'S EXPERIENCE IN OUT PROGRAM, E.G. COURSES , PRACTICAL EXPERIENCE |
| 42         | DO ROUTINE FILING   |
| 43         | ANSWER TELEPHONE/TAKE MESSAGES, MEMOS   |
| 44         | MAINTAIN A SET OF REFERENCE BOOKS/MANUALS/PUBLICATIONS                                      |
| 45         | MAINTAIN DAILY RECORDS ON PATIENT PROCEDURES/EXAMINATIONS PERFORMED                         |
| 46         | FOLLOW UP PATIENT TO DETERMINE IF NEEDED SERVICES WERE OBTAINED                             |
| 47         |   |
| 48         | TYPE  |
| 49         | LOG IN PATIENTS TO CLINIC/DEPARTMENT/SICK CALL  |
| 50         | PATIENTS ON ARRIVAL, I.E. INTRODUCE SELF, OBTAIN PATIENT'S NAME                             |

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## OT/PT TASK BOOKLET

| LEFT PACE  | 09 OT/PT TASK BOOKLET   |
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| 1 TASK NO. | I ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE OF OF RESPONSE BOOKLET             |
| 1          | ISCHEDULE APPUINTMENTS FOR CLINIC/DEPARTMENT, E.G., MAINTAIN APPOINTMENT BOOK                 |
| 2          | PICK UP/DELIVER MAIL/PACKAGES   |
| . 3        | <br> LOCATE MISPLACED CHARTS/HEALTH RECORDS   |
| 4          | IINSPECT THAT SUPPLIES/MATERIALS/EQUIPMENT ARE STORED PROPERLY                                |
| 5          | 1 ASSIGN SPACE FOR EQUIPMENT AND SUPPLIES 1   |
| 6          | <br> PICK UP/DELIVER EQUIPMENT<br>  |
| 7          | STORE INSTRUMENTS   |
| 8          | STORE SUPPLIES  |
| 9          |   |
| 10         | PREPARE REQUISITIONS FOR SUPPLIES/EQUIPMENT   |
| 11         | CHECK/LOCATE/IDENTIFY PART NUMBERS FROM CATALOGUES/MANUALS                                    |
| 12         | <br> MAKE RECOMMENDATIONS ON PURCHASE/REPLACEMENT OF EQUIPMENT/<br> SUPPLIES                  |
| 13         | CONFER/VISIT MANUFACTURERS/CONTRACTORS TO OBTAIN FIRST HAND   KNOWLEDGE OF EQUIPMENT/SUPPLIES |
| 14         | REVIEW REQUISITIONS   |
| 15         | CONSULT ON CENTRAL/LOCAL SUPPLY PROBLEMS/PROCEDURES   |
| 16         | ARRANGE FOR REPLACEMENT/REPAIR OF EQUIPMENT AS REQUIRED                                       |
| 17         | SUPERVISE ROUTING EQUIPMENT MAINTENANCE FOR SECTION/UNIT                                      |
| 18         | !<br>  EVALUATE NEW EQUIPMENT, I.E. USER TEST   |
| 19         | !<br>  EVALUATE THE MAINTENANCE AND USE OF SUPPLIES, EQUIPMENT AND WORK                       |
| 20         | ISPACE<br> <br>  DO MINOR REPAIR ON EQUIPMENT   |
| 21         | 1<br>   |
| 22         | <br>  |
| 23         | I<br>I<br>IUNPACK EQUIPMENT   |
| 24         | <br>  |
| 25         | <br>  |
| **         | MATERIAL  |

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| Called Street Street Street Street |  |
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|                                    |  |
| RIGHT PAGE                         | 09 OT/PT TASK BOOKLET  |
| 1                                  | ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 09<br>  OF RESPONSE BOOKLET    |
| 26                                 | II SSUE SUPPLIES/INSTRUMENTS/EQUIPMENT/MATERIALS   |
| 27                                 | I<br>IDISPOSE OF SUPPLIES/INSTRUMENTS/EQUIPMENT AFTER TIME LIMIT/<br>JEXPIRATION DATE    |
| 28                                 | DETERMINE THE PHYSICAL LAYOUT OF WORK AREA FURNITURE/EQUIPMENT                           |
| 29                                 | PREPARE PAPERWORK FOR EQUIPMENT REPAIR/MAINTENANCE                                       |
| 30                                 | I<br>IINSTRUCT PERSONNEL (USER) IN CARE AND MAINTENANCE OF MEDICAL/<br>IDENTAL EQUIPMENT |
| 31                                 |  |
| 32                                 | I<br>PROTATE PERSONNEL DUTIES. E.G. FOR EXPERIENCE/VARIETY                               |
| 33                                 |  |
| 34                                 | <br> RECOMMEND LEAVE/TIME OFF FOR PERSONNEL<br>  |
| 35                                 | <br> FILL OUT TIME SHEETS  |
| 36                                 |  |
| 37                                 | <br> PREPARE WATCH LISTS<br>   |
| 38                                 | RECOMMEND ASSIGNMENT OF STAFF PERSONNEL TO UNIT/WARD                                     |
| 39                                 |  |
| 40                                 | IGIVE DIRECT SUPERVISION TO EMPLOYEES  |
| 41                                 | EVALUATE THE PERFORMANCE OF PERSONNEL  |
| 42                                 | !<br>!COORDINATE WITH ADMIN STAFF OF BASE/UNIT REGARDING POLICIES<br>!AFFECTING STAFF    |
| 43                                 | KEEP PERSONNEL INFORMED OF ADMINISTRATIVE COMMUNICATION CHANGES                          |
| 44                                 | GIVE FAMILIARIZATION BRIEFINGS TO NEWLY ARRIVING PERSONNEL                               |
| 45                                 |  |
| 46                                 |  |

49 INITIATE NEW OR CHANGED TECHNICAL PROCEDURES

PERFORM ADMINISTRATIVE ERRANDS, E.G. PICK-UP PAYCHECKS, DELIVER/ RETURN TIME CARDS

ICONSULT WITH STAFF TO DESIGN/AMEND/UPDATE PROCEDURES /TECHNIQUES

INTERVIEW/COUNSEL/ADVISE STAFF

47

48

50

| LEFT PAGE  | 10 OT/PT TASK BOOKLET   |
|------------|---|
| I TASK NO. | 1 ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 10<br>1 OF RESPONSE BOOKLET          |
| 1          | IPREPARE STANDING OPERATING PROCEDURES, GUIDES AND INSTRUCTIONS FOR USE BY PERSONNEL            |
| 2          | CONDUCT STAFF MEETINGS TO DISCUSS PLANS/ACTIVITIES/PROBLEMS                                     |
| . 3        | DRAFT ASSIGNED PROJECT REPORTS  |
| 4          | ADJUST/COORDINATE CHANGES IN PATIENT SCHEDULES AS NEEDED  |
| 5          | SUPERVISE THE MAINTENANCE OF OFFICE RECORDS   |
| 6          | COORDINATE WITH OTHER DEPARTMENTS CONCERNING PROTOCOL VISITS/                                   |
| 7          | PREPARE REPORT/FEEDER REPORT ON NUMBERS OF INPATIENT/OUTPATIENT SERVICES PERFORMED              |
| 8          | PLAN RECORD KEEPING SYSTEM FOR THE SECTION/DEPARTMENT/ACTIVITY                                  |
| 9          | CERTIFY CIVILIAN ATTENDANCE   |
| 10         | DEVELOP/ESTABLISH STANDARDS TO EVALUATE MANPOWER PERFORMANCE                                    |
| 11         | DEVELOP IMPROVED WORK METHODS AND PROCEDURES  |
| 12         | CARRY OUT WORK SIMPLIFICATION OR WORK MEASUREMENT STUDIES, E.G. TIME AND MOTION, JOB ENRICHMENT |
| 13         | ADJUST DAILY ASSIGNMENT SHEET/WORK SCHEDULE AS NEEDED   |
| 14         | INSTITUTE CHANGES TO IMPROVE WORKING CONDITIONS   |
| 15         | MONITOR THE EXPENDITURES AND UTILIZATION OF FUNDS   |
| 16         | TAKE ACTION ON NAVY DIRECTIVES, I.E. INSTRUCTIONS AND NOTICES                                   |
| 17         | PERFORM SKETCHES/DRAWINGS FOR ASSIGNED PROJECTS   |
| 18         | DELEGATE TYPING TASKS   |
| 19         | SCREEN INCOMING/OUTGOING MAIL   |
| 20         | SARRANGE TRANSPORTATION FOR PATIENTS/PERSONNEL  |
| 21         | CONDUCT TOURS OF FACILITY FOR VISITORS  |
| 22         | REVIEW REPORTS/REQUESTS FOR PROPER PREPARATION AND COMPLETION                                   |
| 23         | REVIEW DUTY/WARD LOG BOOK   |
| 24         | RESEARCH MATERIAL FOR PROJECTS, I.E. COMPILE STATISTICS, GATHER DATA FROM DIFFERENT SOURCES     |
| 25         | DRIVE AMBULANCES OR AMBULANCE BUSES   |

| RIGHT PAGE | 10 OT/PT TASK BOOKLET  |
|------------|--|
|            | ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 10<br>  OF RESPONSE BOOKLET  |
| 26         | ACCOMPANY AMBULANCE ON CALLS   |
| 27         | <br> SERVE AS CHAUFFER FOR VISITORS OR VIPS<br>  |
| 28         | <br> DIRECT/CONTROL TRAFFIC DURING EMERGENCY CALL<br>                                  |
| 29         | <br> PARTICIPATE IN RIOT CONTROL<br>   |
| 30         | PARTICIPATE IN FIRE FIGHTING DRILLS  |
| 31         | !<br>!participate in emergency evacuation drills<br>!                                  |
| 32 ·       | !<br>!PARTICIPATE IN JOINT DISASTER EXERCISES OR MANEUVERS<br>!                        |
| 33         | CARRY OUT OFFICE/AREA/UNIT SECURITY MEASURES   |
| 34         | <br> STAND SPECIAL SECURITY WATCH FOR VIPS, PRISONERS                                  |
| 35         | STAND WATCH AT INFORMATION DESK  |
| 36         | INSTRUCT/DIRECT PERSONNEL IN MAINTAINING SECURITY STANDARDS                            |
| 37         | ASSIST IN COMMAND INSPECTIONS  |
| 38         | INSPECT LIVING QUARTERS  |
| 39         | I ENSURE THAT ALL PERSONNEL MAINTAIN PROPER MILITARY BEARING, E.G. CLEANLINESS, ATTIRE |
| 40         | ORGANIZE AND MAINTAIN WATCH, QUARTER AND STATION BILL                                  |
| 41         | STAND FIRE/SECURITY/BARRACKS WATCH   |
| 42         | RECOMMEND DISCIPLINARY ACTION FOR PERSONNEL AS REQUIRED                                |
| 43         | <br>  WORK IN ROUTINE WORKING PARTIES, E.G. LOAD, UNLOAD, CLEAN,<br>  MAINTAIN GROUNDS |
| 44         | CLEAN BARRACKS OR CREW'S QUARTERS  |
| 45         | DO CLEANING/DEFROSTING REFRIGERATOR AS REQUIRED  |
| 46         | TOPERATE ELEVATOR  |
| 47         | RELIEVE OTHERS FOR LUNCH/COFFEE BREAKS   |
| 48         | SEARCH FOR ESCAPED PATIENTS  |
| 49         | SERVE AS MESS/CLUB/INSTITUTE COMMITTEE MEMBER  |
| 50         | OPERATE VEHICLE TO TRANSPORT MEDICAL MATERIAL  |

TURN PAGE

FAM FIRE HANDGRENADES

## Part II B LIST OF INSTRUMENTS AND EQUIPMENT

| LEFT PAGE | 12 OT/PT TASK BOOKLET  |
|-----------|--|
| <u> </u>  | ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 12<br>OF RESPONSE BOOKLET |
| 1         | STETHOSCOPE  |
| 2         | I<br>ITHERMOMETER, CLINICAL<br>I   |
| 3         | SYRINGE/NEEDLES  |
| 4         | RESTRAINING STRAPS   |
| 5         | AIRWAYS  |
| 6         | SET, MINOR SURGICAL  |
| 7         | DRESSINGS (TRAY, CART, DRAWER)   |
| 8         | AMBU BAG (HOPE BAG)  |
| 9         | VOLUMETRIC GLASSWARE (OTHER THAN BURETS AND PIPETS)                                |
| `10       | CIRCOELECTRIC BED  |
| 11        | BALKAN FRAME   |
| 12        | MHEEL CHAIR  |
| 13        | EXAMINATION TABLE (PLINTH)   |
| 14        | HOSPITAL BEDS AND ACCESSORIES  |
| 15        | ISOMETRIC MACHINE  |
| 16        | TRACTION MACHINE, INTERMITTENT   |
| 17        | ANKLE EXERCISER  |
| 18        | AXIORESISTOR   |
| 19        | SHOULDER WHEEL   |
| 20        | WEIGHT LIFTING EQUIPMENT   |
| 21        | PULL-UP BARS   |
| 22        | WRIST ROLLER   |
| 23        | PARALLEL BARS  |
| 24        | WALKER   |
| 25        | <br> Mirror, Glass, (Posture Training)<br>   |

| RIGHT PAGE | 12 OT/PT TASK BOOKLET   |
|------------|---|
| 1          | ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 12<br>OF RESPONSE BOOKLET |
| 26         | BICYCLE EXERCISER   |
| 27         | I<br>IISOMETRIC TABLE   |
| 28         | }<br> EXERCISE UNIT, N-K<br>  |
| 29         | <br> EXERCISE UNIT STEEL FRAME, ELGIN<br>   |
| 30         | ROWING MACHINE  |
| 31         | <br> SPRING EXERCISER<br>   |
| 32         | <br> SANDBAGS/TROCHANTER ROLLS<br>  |
| 33         | <br> finger ladder<br>  |
| 34         | <br> MOTION PLATFORM<br>  |
| 35         | IQUAD BRIDGES (STUMP BLOCKS)  |
| 36         | <br> CALIPER<br>  |
| 37         | <br> GONIOMETER<br>   |
| 38         | <br> CERVICAL COLLARS<br>   |
| 39         | i<br>ICRUTCHES  |
| 40         | <br> Cushion ring, inflatable<br>   |
| 41         | <br> STRIP, MATRIX, POLYETHYLENE, TREPHTHALATE, CLEAR<br>                           |
| 42         | <br> Plaster, Orthopedic/Dental<br>   |
| 43         | <br> Safety Belt<br>  |
| 44         | <br> Heat gun<br>   |
| 45         | <br> Strip, metal<br>   |
| 46         | <br> CERAMIC MOLDS<br>  |
| 47         | TCERAMIC KILN   |
| 48         | i<br>Ipotters wheel<br>I  |
| 49         | !<br>!rotary mixers, all types<br>!   |
| 50         | SEWING MACHINE/ACCESSORIES  |

| LEFT PAGE | 13 OT/PT TASK BOOKLET  |
|-----------|--|
|           | 1 ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 13<br>1 OF RESPONSE BOOKLET |
| 1         | PRINTING PRESS,-HAND   |
| 2         | IFLOOR AND TABLE LOOMS   |
| ÷         | <br> YARN WINDERS (ALL TYPES)<br>  |
| 4         | BELT SANDER  |
|           | JOINTER/PLANER/ROUTER  |
| t         | RIPPING AND CROSS CUT SAWS   |
| 7         | CIRCULAR SAW   |
| 8         | BAND SAW   |
| 9         | SAWS, PEDAL POWERED  |
| 10        | POWER MOODWORKING SAW  |
| 11        | TOOLS, WOODWORKING/CARPENTER   |
| 12        | STENCIL CUTTING MACHINE  |
| 13        | MACHINIST HAND TOOLS   |
| 14        | DRILL STAND, PORTABLE, COMPLETE WITH CONTROL   |
| 15        | DRILL PRESS  |
| 16        | MOTOR, BENCH, GRINDER  |
| 17        | POWERED SHARPENERS, GRINDERS AND SANDERS   |
| 18        | STONE, SHARPENING  |
| 19        | DRILL. ELECTRIC  |
| 20        | ELECTRIC SOLDERING GUN   |
| 21        | MODELING TOOLS   |
| 22        | GLOVES. ASBESTOS   |
| 23        | RULES AND SQUARES  |
| ~,        | COMPRESSED GAS TANKS/CYLINDERS (OTHER THAN GXYGEN)                                     |

IAIR COMPRESSOR

| , | ŧ | c | u٦ | ٠, | D | ۸ | c | E | 1 | 3 |  |
|---|---|---|----|----|---|---|---|---|---|---|--|
|   |   |   |    |    |   |   |   |   |   |   |  |

## OT/PT TASK BOOKLET

| ! TASK NO. | ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 13<br>OF RESPONSE BOOKLET |
|------------|---|
| 26         | DRAFTING BOARD AND ACCESSORIES  |
| 27         | HYDROTHERAPY TANKS  |
| 28         | <br> BATH WHIRLPOOL LEG<br>   |
| 29         | BATH WHIRLPOOL ARM  |
| 30         | PARAFFIN BATH   |
| 31         | BATH, HAMMOCK   |
| 32         | WALKING TANK  |
| 33         | BAKER, MOIST AIR  |
| 34         | ICE PACK MACHINE  |
| 35         | HYDROCOLLATOR MACHINE   |
| 36         | <br> HYDROCOLLATOR PACK<br>   |
| 37         | ICE COLLARS/PACKS   |
| 38         | <br> HYPOTHERMIA MACHINE<br>  |
| 39         | <br> HYPO-HYPER-THERMIA MACHINE<br>   |
| 40         | <br> ULTRAVIOLET LAMP+ DERMATOLOGY (TREATMENT)<br>                                  |
| 41         | <br> Light, ultraviolet, physical therapy<br>                                       |
| 42         | INFRA RED LAMP  |
| 43         | <br> GOGGLES, DARK ADAPTATION<br>   |
| 44         | <br> JOBST COMPRESSION UNIT   |
| 45         | <br> DUPLICATOR: E.G. MIMEOGRAPH<br>  |
| 46         | <br> ELECTROMYOGRAPH (EMG) RECORDER<br>   |
| 47         | <br> DIATHERMY APPARATUS, MICROWAVE<br>   |
| 48         | <br> DIATHERMY APPARATUS, SHORT WAVE<br>  |
| 49         | <br> Progressive wave generator<br>   |
| 50         | <br>  GENERATOR GALVANIC FARADIC SINUSODIAL<br>                                     |

|   |      | PAGE     | 14 OTPP TASK BOOKEET   |
|---|------|----------|--|
| 1 | TASK |          | ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 14<br>OF RESPONSE BOOKLET |
|   |      | 1        | STIMULATOR, MUSCLE   |
|   | 2    | 2        | ]<br>  TIMULATOR: NERVE  |
|   | ;    | 3        | <br> STIMULATOR: CHRONAXIE CONSTANT CUPF. 50                                       |
|   | 4    | 4        | POCKET STIMULATOR  |
|   | !    | 5        | STIMULATOR, MEDGOTPONIC  |
|   | (    | 5        | 3 EDCOLATOR  |
|   | 7    | 7        | ISK ELETON   |
|   | 1    | 3        | APHASIA REHABILITATION MANUAL AND THERAPY KIT                                      |
|   | •    | 9        | PARGUETRY DESIGN BLOCKS  |
|   | 10   | 0        | ABISCUS  |
|   | 11   | l ·      | TIMER, LABORATORY  |
|   | 12   | 2        | STOP WATCH   |
|   | 13   | 3        | HYDRAULIC LIFT   |
|   | 14   | <b>,</b> | FIRE EXTINGUISHER  |
|   | 1!   | 5        | <br>  MOVIE PROJECTOR/ACCESSORIES  |